



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400005

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: China Palace Restaurant, Inc

DOING BUSINESS AS China Palace Restaurant

ADDRESS 331 COTUIT ROAD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: Leung, Joe Wai
Chow

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR BLDG. WITH DINING ROOM. SEATING CAPACITY FOR 98. LOUNGE WITH 8
BAR STOOLS, TABLES-SEATING CAPACITY FOR 28. STORAGE ROOM, KITCHEN AND
RESTROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400007

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAN'L WEBSTER INC.

DOING BUSINESS AS DAN'L WEBSTER INN

ADDRESS 149 MAIN ST.

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: CATANIA, STEVENTYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ENT./EXITS. 1ST. FL.: 4 DINING ROOMS, 1 LOUNGE W/BAR, KITCHEN, OFFICE, STORAGE, ROOMS, LOBBY AND 4 SLEEPING ROOMS. 2ND. FL.: 12 SLEEPING ROOMS. 3RD FL.: 2 SLEEPING ROOMS. JARVES WING: 10 SLEEP- ING ROOMS AND 1 MEETING ROOM. FESSENDEN HOUSE: 4 SLEEPING ROOMS. 42 ROOMS

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400008

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MIDDLETON GOLF COURSE II, INC.

DOING BUSINESS A HOLLY RIDGE CLUB

ADDRESS COUNTRY CLUB ROAD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: GEORGE,
WILLIAM W.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE MAIN ROOM, ONE STORAGE ROOM, CELLAR FOR STORAGE. ONE FRONT ENTRANCE,
ONE SIDE EXIT AND ONE REAR EXIT. OPEN PATIO ATTACHED TO BLDG. GROUNDS OF
GOLF COURSE

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400009

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CLARK-HADDAD POST #188 AMER.LEGION BLDG.CORP.

DOING BUSINESS A

ADDRESS 20 OLD MAIN ST.

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: BRIAND,DONNA TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAME BUILDING WITH FULL CELLAR. ONE ENTRANCE AND THREE EXITS.
CELLAR DIVIDED INTO TWO OF MORE AREAS AND A SEPARATE MEMBERS' LOUNGE
WITH AN ENTRANCE OUT TO REAR PARKING AREA.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400011

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRANDY MAN, INC.

DOING BUSINESS AS BOBBY BYRNE'S PUB

ADDRESS RT.6A STOP & SHOP PLAZA

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: MOORE, JEFFERY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BRICK ADJOINING BLDG. FIRST FLOOR: DINING BOOTHS, TABLES, BAR KITCHEN,
SERVICE AREA AND RESTROOMS. MEZZANINE: OFFICE AND STORAGE AREA. NO
BASEMENT.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400014

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SANDWICH PROPERTY, LLC.

DOING BUSINESS AS BRITISH BEER COMPANY

ADDRESS 46 RTE. 6A

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: HOWARD,
CASSANDRA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE DINING ROOMS, BAR WITH 12 STOOLS, GREENHOUSE, KITCHEN, RESTROOMS.
CELLAR FOR STORAGE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400015

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARSHLAND GROUP, INC

DOING BUSINESS AS MARSHLAND RESTAURANT

ADDRESS 109 RTE. 6A

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: BABIARZ, KIM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOODEN FRAME BLDG. CONSISTING OF ONE FLOOR WITH KITCHEN, DINING ROOM, BAKERY AND RESTROOMS. ATTIC FOR STORAGE. NO CELLAR.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400016

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VERCHAD, INC

DOING BUSINESS AS SANDWICH PIZZA HOUSE

ADDRESS 144 RTE. 6A

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: PETERSON, MARK TYPE OF LICENSE: Restaurant
E

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING CONSISTS OF 1860 SQ. FT., ONE MAIN ENTRANCE IN FRONT AND ONE REAR
EMERGENCY EXIT.

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 107400019

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AMARIA, INC.

DOING BUSINESS AS AMARI RISTORANTE

ADDRESS 674 RTE.6A

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02537

MANAGER: HIXON, ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO DINING ROOMS AND SEPARATE LOUNGE AREA, KITCHEN UPSTAIRS OFFICE. TWO ENTRANCES AND FOUR EXITS. SEATING CAPACITY 150 20-SEAT OUTDOOR COURTYARD AND FOR BEVERAGES ONLY.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400024

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MEETINGHOUSE ROAD INC.

DOING BUSINESS AS MEETINGHOUSE PACKAGE & VARIETY STORE

ADDRESS COTUIT ROAD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: Konary, Bernice S.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY 4,400 SQ. FT. BLDG. CONSISTS OF A GROCERY AND RETAIL PACKAGE GOODS STORE. 1,800 SQUARE FOOT CELLAR FOR STORAGE. ONE ENTRANCE AND ONE EXIT.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400026

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A BIT OF BLARNEY, INC

DOING BUSINESS AS BARRETT'S SPIRITS SHOPPE

ADDRESS 492 N/S RTE 6A

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02537

MANAGER: BARRETT,
EDWARD J

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOODEN FRAME BLDG. ONE FLOOR WITH TWO ROOMS. FULL CELLAR FOR STORAGE.
ONE FRONT ENTRANCE AND ONE SIDE EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400027

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FORESTDALE MOBIL, INC.

DOING BUSINESS AS FORESTDALE MOBILE

ADDRESS 80 RTE 130

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02644

MANAGER: CHAUDHRY,
SAEED A.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF A ROOM 16X16. NO CELLAR. ONE FRONT ENTRANCE AND ONE REAR EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400028

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PIKE ROCK MANAGEMENT, INC.

DOING BUSINESS AS PARADISE WINES AND SPIRITS

ADDRESS 65 ROUTE 6A

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: GIAMMARCO,
LOUIS

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING CONSISTS OF APPROX. 3,000SQ FT OF RETAIL SPACE, FRONT & REAR
ENTRANCES/EXITS, RESTROOMS, STORAGE & OFFICE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400029

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHREE ASHAPURI

DOING BUSINESS A SANDWICH PACKAGE STORE

ADDRESS 118 RTE 6A

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: SHAH, MUKESH V. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAMED BUILDING, ONE ENTRANCE AND ONE EXIT.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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Individual, Partner or Authorized Corporate Officer

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400030

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KOCC CORP.

DOING BUSINESS A Route 6A Convenience Store

ADDRESS 422 RTE 6A

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02537

MANAGER: PATEL, AMITA P.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE RETAIL SALESROOM. BASEMENT FOR STORAGE. TWO ENTRANCES AND ONE EXIT.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

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EMPLOYER IDENTIFICATION NUMBER:

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400031

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAWRENCE POND MARKET, INC.

DOING BUSINESS AS LAWRENCE POND MARKET

ADDRESS 45 GREAT HILL RD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: COTTER, DIANE J TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 ROOMS ON FIRST FLOOR: ONE ROOM PACKAGE, ONE ROOM GROCERIES AND ONE ROOM STORAGE. ONE FRONT ENTRANCE AND ONE REAR EXIT. NO CELLAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400036

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEA SHORE CORPORATION

DOING BUSINESS AS CANTERBURY LIQUORS & PANTRY

ADDRESS 331 COTUIT RD BLDG 2

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: HURLEY,
RICHARD F

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PORTION OF A FRAMED ADJOINING BLDG. FLOOR SPACE IS 3,840 SQ. FT. USED FOR
SALES AND STORAGE. NO BASEMENT, FRONT ENTRANCE AND REAR EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400037

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOHN J. SANTORO, LLC

DOING BUSINESS AS MERCHANTS SQUARE LIQUORS

ADDRESS 8 MERCHANTS ROAD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: SANTORO, JOHN J TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING CONSISTS OF A 969 SQ. FT. DISPLAY ROOM. NO CELLAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400039

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C C LOPES, LLC

DOING BUSINESS AS SURF'S UP PIZZA AND SEAFOOD

ADDRESS 289 COTUIT ROAD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: LOPES, RONALD TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

72'X48' ATTACHED BUILDING WITH 2 REST ROOMS, 2 ENTRANCES AND 3 EXITS- SEATING
CAPACITY 59 AND 20X 30 OUTSIDE PATIO-SEATING CAPACITY 60

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400040

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AQUA GRILLE, INC.

DOING BUSINESS AS AQUA GRILLE

ADDRESS 14 GALLO ROAD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: ZARTARIAN, JOHNTYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO DINING ROOMS, SCREENED IN PORCH, BAR, LOUNGE, RESTROOMS, ONE EXIT AND ENTRANCE IN FRONT AND 3 OTHER EXITS. LOBBY, KITCHEN, STORAGE ROOM DOWNSTAIRS. SEATING CAPACITY 205....OUTDOOR PATIO SEATING WITH BAR AND 9 STOOLS..

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400043

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEQUOIA GOLF CRG MANAGEMENT LLC

DOING BUSINESS AS THE RIDGE CLUB

ADDRESS 70 COUNTRY CLUB ROAD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: PILLARELLA,
MICHAEL

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR: BANQUET ROOM, TWO LOUNGES, DINING ROOM, MIXED GRILL, LIVING ROOM, CLUBROOM, 5 EXITS, ENTRANCE; LOWER FLOOR: 2 CARD ROOMS(STORAGE), 4 EXITS/ENTRANCES; OUTER: DINING TERRACE, DECK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400044

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLD CAPE COD TAVERN, INC.

DOING BUSINESS AS BEE-HIVE TAVERN

ADDRESS 406 ROUTE 6A

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: DAVIES, DEBRA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; TWO DINING ROOMS, RESTROOMS, LOUNGE, KITCHEN. SECOND FLOOR;
OFFICE, RESTROOM, STORAGE. TWO EXITS AND TWO ENTRANCES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400046

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ABDUL HAFEEZ MIAN

DOING BUSINESS A SANDWICH MART AND SPIRITS

ADDRESS 152 ROUTE 6A

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: MIAN, ABDUL
HAFEEZ

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

152 ROUTE 6A 2,000 SQ. FT. ATTACHED BLDG. ONE ENTRANC E, ONE EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400048

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHRISTOPHER G. WILSON

DOING BUSINESS AS THE PAINTED LADY

ADDRESS 8 JARVES ST

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: WILSON,

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

CHRISTOPHER G.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

8 JARVES, 9 BED INN, 20 SEAT REST. ALL ROOMS IN THE INN AS WELL AS VERANDAS, BRICK PATIOS & SWIMMING POOL AREA. COMMERCIALLY EQUIPPED KITCHEN, FRONT ENTRANCE, SIDE ENTRANCE WEST. 6 JARVES-1ST & 2ND: INCLUSIVE OF BAR W/ 7 STOOLS, 7 BEDROOMS, REST/FUNC. FACILITY & TERRACE, 8 ENT/EXI

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400049

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STEF. CO. CORP

DOING BUSINESS AS 6A CAFE

ADDRESS 415 ROUTE 6A

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: STEFOS, JAMES

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNITS 1 & 2, FIRST FLOOR CONSISTING OF TWO ROOMS, RESTROOMS AND KITCHEN.
BASEMENT FOR STORAGE ONLY. TWO ENTRANCES AND TWO EXITS. SEATING
CAPACITY 49

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400050

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GOSSIOS CORP.

DOING BUSINESS AS CAPTAIN SCOTT'S

ADDRESS 71 TUPPER ROAD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: GOSSIOS,
VIRGINIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY WOODEN FRAME BLDG. WITH 2 MAIN DINING ROOMS, 3 BATHROOMS,
KITCHEN. TWO FRONT DOORS FOYER 2 EMERGENCY EXIT DOORS AT REAR OF
BUILDING. FULL BASEMENT FOR STORAGE. SCREENED DECK SEATING 50 PERSONS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400051

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DUNBAR TEA CORPORATION

DOING BUSINESS AS THE DUNBAR HOUSE GIFT SHOP AND TEA ROOM

ADDRESS 1 WATER ST

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: HEGARTY,
PAULA H.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

26 SEAT TEA ROOM AND PATIO ON THE FIRST FLOOR, REST ROOMS TO THE SIDE,
ENTRANCE AND EXIT AT FRONT AND THREE OTHER EXITS, TEA ROOM SIDE AND TWO
IN KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400052

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HERITAGE PARK RESTAURANT, INC

DOING BUSINESS A TOMATOES

ADDRESS 00280C ROUTE 130

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02644

MANAGER: LEVORCE,
ANTHONY M

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 DINING RM. ON THE 1ST. FL.: RESTROOMS IN THE BACK, 1EXIT & ENTRANCE IN FRONT
& 2 OTHER EXITS IN REAR. LOBBY, KITCHEN, BAR & STORAGE AREAS ALL ON THE 1ST
FL.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400053

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARSHLAND GROUP, INC

DOING BUSINESS AS MARSHLAND TOO

ADDRESS 315 COTUIT RD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: COOKE, HENRY L. JR. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY O BRICK STORE FRONT WITH TWO FRONT ENTRANCES AND EXITS.
RESTROOMS IN CENTER. THREE EXITS IN BACK FOR DELIVERIES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400056

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NIKEMMA INC.

DOING BUSINESS AS TWO BROTHERS PIZZA & MEXICAN

ADDRESS 331 COTUIT ROAD

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: NEWMAN,CHRISTITY
TYPE OF LICENSE: Restaurant
AN

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, KITCHEN AREA WITH TWO ENTRANCES AND 2 EXITS: SEATING
CAPACITY 71 AND CONTAINING APPROX. 2,521 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400057

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T. A. GOSSIOS, CORP.

DOING BUSINESS AS SANDWICH TAVERNA

ADDRESS 290 ROUTE 130

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: GOSSIOS, THANOSTYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400059

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE BROWN JUG, INC

DOING BUSINESS AS THE BROWN JUG

ADDRESS 1 JARVES STREET

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: JOHNSTON,
MICHAEL S.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING CONSISTS OF 1900 SQ FT CONSISTING OF FIVE ROOMS, THREE ENTRANCES
AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400061

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Sweet Tomatoes, Inc

DOING BUSINESS AS Sweet Tomatoes

ADDRESS 95 Tupper Rd

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: Yetman, Carrie

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

44 seat restaurant with kitchen, dining area, two bathrooms, office and front and rear exits and entrances

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400062

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VINES INCORPORATED

DOING BUSINESS AS VINES

ADDRESS 155 MAIN ST

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: COX, STEVEN
DANIEL

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1200 SQ FT TOTAL OF WHICH 300 SQ FT USED FOR LICENSE. TWO EXITS AND ENTRANCES
AND 800 SF OUTDOOR PATIO

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107400065

CITY OR TOWN SANDWICH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BACCLUBHOUSE LLC

DOING BUSINESS AS THE CLUBHOUSE SPORTS BAR AND GRILLE

ADDRESS 1 ROUND HILL

CITY/TOWN: SANDWICH

STATE: MA

ZIP CODE: 02563

MANAGER: McGOWAN, MARK TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS AND BASEMENT...BASEMENT- MECHANICAL ROOM, LOCKERS, SHOWERS, RESTROOMS, STORAGE, SMALL LOUNGE AND OFFICE...FIRST FLOOR: LOUNGE, DINING ROOM, OFFICE, KITCHEN AND RESTROOMS...SECOND FLOOR HAS FUNCTION ROOM AND RESTROOMS...GROUNDS- GOLF COURSE...TWO ENTRANCES...FIVE EXITS

I hereby certify and swear under penalties of perjury that:

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DATE:

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LOCAL LICENSING AUTHORITY

By:

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